



Volunteer Drivers for Activity Trips

- (1) When volunteer drivers are used to transport students, the bottom half of the Activity Trip by Private Vehicle form needs to be completed and a copy of "Evidence of Insurance Certificate" needs to be attached to the form. The completed form should be forwarded to the Corporation Yard.
- (2) Send a copy of the Evidence of Insurance Coverage to the Corporation Yard **at least eight (8) weeks prior to the trip.**

The above timeline is required in order to get a DMV record printout of the driver. If time is a factor, the driver can go to the DMV directly and request a printout of their DMV record. The cost is approximately \$5.00 (at the volunteer's expense).

NOTE: No parent will be allowed to transport students unless all of the requirements have been met and their application has been approved.

*****If the grade level transported contains students age 8 or less, the volunteer driver must also certify that the students will be transported in a child passenger restraint system in the rear seat of the vehicle per 27360, 27360.5 and 27363 VC.**

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

DRIVER INSTRUCTIONS

When using your vehicle to transport students on field trips or other school activity trips, please:

1. Be sure that you have registered with the district for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence.
2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
4. Require each passenger to use an appropriate child passenger restraint system (child car seat or booster seat) or safety belt in accordance with law.

In case of emergency, keep all the children together and call 911 and the district office.



Instructions for Completing Activity Trip by Private Vehicle Form

- (1) Date of trip.
- (2) Destination of activity trip.
- (3) Time transportation is needed.
- (4) Time of return trip.
- (5) Name of teacher.
- (6) Name of school.
- (7) Name of driver's insurance company.
- (8) Effective dates of insurance policy.
- (9) Insurance policy number.
- (10) Limits of insurance policy.
- (11) Date(s) that driver is able to furnish transportation.
- (12) Driver's license number – verify that the driver's license number is in fact the driver's license and not the car license number.
- (13) Number of passengers that can be transported.
- (14) Printed name of driver.
- (15) Date form was completed.
- (16) Signature of driver.

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

FIELD TRIP BY PRIVATE VEHICLE

Dear Parent:

The following event is scheduled for the children in your school. Please fill out and sign this notice and indicate if you will be available to assist in transporting students to this educational experience.

Date of Trip: _____ Destination: _____

Time Transportation is Needed: _____ Time of Return Trip: _____

Private Vehicle Pupil Transportation Minimum Requirements

Insurance:

Public Liability -	Bodily Injury	\$100,000/\$300,000 per accident
Property Damage		\$25,000 per accident
Medical Payments		\$2,000

Financial Charge:

No financial charge to the district shall be made for pupil transportation by private vehicle.

Number of Passengers (Exclusive of Driver):

The number of passengers to be transported in any one vehicle shall not be more than the safe number of passengers deemed appropriate for the vehicle. In no case shall students be transported in an open vehicle. A seat belt must be provided for each student being transported.

TEAR OFF AND RETURN TO YOUR SCHOOL

Teacher's Name:		School Name:	
I understand these transportation minimum requirements and do carry insurance with: Insurance Company: Attach "Evidence of Insurance Coverage" meeting district minimum requirements.			
Effective Dates:	Policy Number:	Limits:	
I will be able to furnish transportation on the following date(s):			
Driver's License Number:		Number of passengers I can transport:	
Driver's Name (Print):			Date:
Driver's Signature:			

School district Insurance Coverage: Campbell Union School District **DOES NOT** provide coverage for owners driving and transporting children.

TRANSPORTATION FOR SCHOOL-RELATED TRIPS (continued)

DRIVER STATEMENT

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

I certify that I will ensure that all children will be restrained using the appropriate passenger restraint systems.

Name: _____ Date: _____